



3300 Coney Island Ave, Brooklyn NY 11235

Phone: 718-646-1444 ext 335

Fax: 718-646-0376

Dear Parents!

Welcome to a new and exciting year of the Shorefront Y After School Program. The hours of operation are Monday through Friday from 3pm to 6pm with an extended hour option Monday through Thursday until 7pm.

**Attached to this letter is a full After School Program enrollment packet.**

Below is a checklist and enrollment instructions, please go through this list carefully, and call us if you have any questions

**Pages 2-5** After School Program registration form.

Please complete these pages in full and submit the form with your first payment. This will enroll your child in to our program.

**Medical Form** (see separate attached file).

Please make sure that an updated medical form is on file at the Shorefront Y before your child starts the program. **WE WILL NOT BE ABLE TO PICK UP CHILDREN FROM SCHOOLS UNTIL WE WILL HAVE THEIR MEDICAL FORM ON FILE.**

Page 6 Program calendar, please keep it for future reference.

**Page 7** Letter to your child's teacher (Please give this to your child's teacher or a school official with page 8)

In order for our first pick up day to go smoothly we need your help, please make sure that your child's teacher completes page 8 of the packet.

**Page 8** is a student pick-up form, **must be dropped off before the first pick up!!!!**

Your child's teacher or a school official, needs to complete this form on/or before the first day of school. **IT IS EXTREMELY IMPORTANT THAT YOU RETURN THE STUDENT PICK-UP FORM TO US BY THE FIRST DAY OF SCHOOL.** The form can be faxed or dropped off in our office.

**Please note!!!** Each school has a designated location for children that are picked up by an After School Program. Please make sure that the teacher indicates on the form where that **specific location** is, this is where your child will be picked up by our counselors (for example: listing gym, auditorium, and school yard are acceptable).

Please make sure to list Shorefront Y Staff on your child's Blue Card in order for the school to release your child to our staff member at pick up.

Thank you very much,

Marina Imberg,  
Coordinator of After School Program

# SHOREFRONT

YM-YWHA OF BRIGHTON - MANHATTAN BEACH, INC.

## 2009-2010 After School Program Application (718) 646-1444 ext 335

For office use only <b>Medical Form</b> <input type="checkbox"/> Date _____
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### REGISTRATION FORM

Child's Name \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Sex: F M Student ID # \_\_\_\_\_  
 \_\_\_\_\_ (Last) \_\_\_\_\_ (First)  
 Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 School Name \_\_\_\_\_ School Address \_\_\_\_\_ Phone \_\_\_\_\_ Principal \_\_\_\_\_  
 Grade \_\_\_\_\_ Classroom # \_\_\_\_\_ Teacher \_\_\_\_\_ Parent Coordinator \_\_\_\_\_

**Parent's Information:**

**Mother's Name** \_\_\_\_\_ **Work Phone** \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_ **E-mail** \_\_\_\_\_  
**Father's Name** \_\_\_\_\_ **Work Phone** \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Health Insurance**

Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Holder \_\_\_\_\_  
 Has your child ever attended any after school program? Yes  No  If Yes When? \_\_\_\_\_ Where? \_\_\_\_\_

**Program fees are as follows:** Please circle all that apply:

Days per week →	5 Days	4 Days	3 Days
<b>PAYMENT OPTION</b>	<b>Full week</b>	<b>M T W TH F (Circle 4 days)</b>	<b>M T W TH F (Circle 3 days)</b>
Monthly registration Fee only NOT including winter camps	\$ 465/month	\$400/month	\$340/month
<b>ADDITIONAL SERVICE:</b>	<b>Rate Per Day</b>	<b>4 Days</b>	<b>3 Days</b>
Late Stay 6PM-7PM (available 4 days per week Monday-Thursday)	\$ 15/day	\$ 30/week	\$25/week

**TERMS OF ENROLLMENT**

1. Balance of payment is due no later than the first of every month, you may authorize the Shorefront Y to charge your credit card on the first of each month. Late payments may result in discontinuation of services (your child is at risk of not being picked up from school next day). **Late charge \$ 25.**
2. Failure to complete all payments on time will result in forfeiture of my child's enrollment in the after school program with loss of all fees paid to date.
3. There is a \$35 fee for any bounced check.
4. The "Y" will not be responsible for damage or loss of personal property.
5. The Shorefront YM-YWHA reserves the right to use all pictures taken for publicity purposes. This is mentioned in the attached release form, which you must sign and return to us together with this application.
6. Cost of trips and special events are NOT included in the ASP fee. Additional fee will apply.
7. I understand that Shorefront Y reserves the right to suspend or terminate a child's enrollment due to unacceptable behavior issues.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE MAKE ALL CHECKS PAYABLE TO SHOREFRONT YM-YWHA**

**Method of payment each month**

\_\_\_\_\_ Automatic payment from credit card on the first of each month  
(credit card authorization form must be completed and returned with registration form)  
\_\_\_\_\_ EFT Electronic Funds Transfer from the bank account

***For Office use only:***

***Reason for a Discount*** \_\_\_\_\_ ***Amount: \$*** \_\_\_\_\_

***Total Fees: \$*** \_\_\_\_\_

***Fees History:***

\$ _____	<b><i>Receipt #</i></b> _____	<b><i>Date</i></b> ___/___/___	<b><i>Period Paid for</i></b> _____
\$ _____	<b><i>Receipt #</i></b> _____	<b><i>Date</i></b> ___/___/___	<b><i>Period Paid for</i></b> _____
\$ _____	<b><i>Receipt #</i></b> _____	<b><i>Date</i></b> ___/___/___	<b><i>Period Paid for</i></b> _____
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\$ _____	<b><i>Receipt #</i></b> _____	<b><i>Date</i></b> ___/___/___	<b><i>Period Paid for</i></b> _____



After School Program Application  
(718) 646-1444

Consent/Release Form

Childs Name \_\_\_\_\_

Date \_\_\_\_\_

Parent Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Photo Release

I hereby grant permission, without reservation, to the Shorefront YM-YWHA and the United Jewish Appeal-Federation of Jewish Philanthropies of New York, Inc. ("UJA-Federation"), and those authorized by the Shorefront YM-YWHA and UJA-Federation, to take photographs and to make recording of me and to use them in original or modified form in all media now or hereafter known, with or without my name or information about me, for the promotion, public education, and/or fundraising activities of both organizations. I understand and agree that I am entitled to receive no compensation for the above.

I release The Shorefront YM-YWHA and UJA-Federation its officer, director, agents, employees, independent contractor, licensees and assignees from all claims that I now have or in the future may have relation to the above.

I agree that The Shorefront YM-YWHA and UJA-Federation will be the sole owners of all tangible rights in the above mentioned photographs and recording, will full power of disposition.

I am the parent or guardian of the minor named above, and I hereby consent to the foregoing on behalf of the minor and myself

Signature \_\_\_\_\_

Swimming Consent

I am the parent or guardian of the minor named above give permission to go swimming in the pool for the duration of their attendance in the Shorefront Y After School Program.

Signature \_\_\_\_\_

Activity/ Trip Consent

I am the parent or guardian of the minor named above give permission to participate in all activities and attend all trips with the Shorefront Y After School Program.

Signature \_\_\_\_\_

Medical Info/Administration of Medicine

Medical form is due before the start of the program, no child will be allowed to start before a complete medical form is on file.

Based on Office of Children and Family Services regulations, our staff can not administer medication at any time. If your child needs to take medication during After School Program hours, YOU must make other arrangements. Students may not carry their own or other medication to the program. Students are permitted to store an inhaler for asthma at the site, provided inhaler is in original box with instructions.

Signature \_\_\_\_\_



**After School Program Application  
(718) 646-1444**

**FAMILY INFORMATION**

**CHILD LIVES WITH:**  Both parents  Mother  Father  Guardian(s)

**PARENTS ARE:**  Together  Separated  Divorced  Single

Is there a court order protecting the custody of this child?  Yes  No

*If yes, a copy of the court order must be included with this registration.*

**CHILD PICK UP FORM**

Please list all persons allowed to pick up your child from the After School Program.  
Please note a person picking up a child may be asked to show a photo ID.

**YOUR CHILD WILL NOT BE RELEASED WITH A PERSON WHOSE NAME DOES NOT APPEAR ON THIS LIST**

Please note siblings under age of 16 will not be allowed to pick up the child.

I \_\_\_\_\_, give my child/children \_\_\_\_\_ permission to leave **ONLY** with the people  
Name of Parent/Guardian Name of Child/Children listed below.

Please PRINT:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



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**AFTER SCHOOL PROGRAM HOLIDAY SCHEDULE 2009-2010**

After School Program Starts	Wednesday, September 9	
Eve Rosh Hashanah	Friday, September 18	Closed
Eve Yom Kippur	Monday, September 28	Closed
Eve Sukkot	Friday, October 2	Closing at 6 (no extended day)
Eve Shemini Atzeret	Friday, October 9	Closing at 6 (no extended day)
Columbus Day	Monday, October 12	Open from 9 to 6 (extended day till 7)*
Election Day	Tuesday, November 3	Open from 9 to 6 (extended day till 7)*
Veterans Day	Wednesday, November 11	Open from 9 to 6 (extended day till 7)*
Thanksgiving Day	Thursday, November 26	Closed
Thanksgiving Day	Friday, November 27	Closed

**Winter Recess Camp Thursday, December 24 – Friday, January 1**

New Year Eve	Thursday, December 31	Closed
New Year' Day	Friday, January 1	Closed
Martin Luther King Birthday	Monday, January 18	Open from 9 to 6 (extended day till 7)*

**Winter Recess Camp Monday February 15 - Friday February 19**

Eve of Passover	Monday, March 29	Closing at 6 (no extended day)
<b>Passover</b>	March 30 through April 6	Closed
Eve Shavuot	Tuesday, May 18	Closing at 6 (no extended day)
Shavuot-First Day	Wednesday, May 19	Closed
Shavuot-Second Day	Thursday, May 20	Closed
Memorial Day	Monday, May 31	Closed
Staff development Day	Thursday, June 10	Open from 9 to 6 (extended day till 7)*

A trip may be scheduled for these days. Additional fee may apply.



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Dear Teacher(s):

We are please to inform you that your student \_\_\_\_\_ is starting to attend the Shorefront YM-YWHA After School Program located at 3300 Coney Island Ave on \_\_\_/\_\_\_/\_\_\_.

Our main goal is to insure the safety of each child. The children will be bussed in from each school. All kids enrolled in the program will be picked up by a designated staff member from Shorefront Y. Keeping the students' safety in mind we are asking all homeroom teachers to provide the Shorefront YM-YWHA staff with the exact dismissal time and designated location of the child in the school after dismissal.

Please fill out the attached form and return it to your student's parent, please keep our contact information in case you need to reach us.

We look forward to working with you.

Thank you very much, in advance for your cooperation.

If you have any questions or concerns please feel free to contact us at the number listed below.

Sincerely,

Marina Imberg  
Assistant Director of Youth Services

3300 Coney Island Ave  
Brooklyn, NY 11235  
718-646-1444 ext: 335

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### STUDENT PICK UP FORM

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Name School \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Time of pick up \_\_\_\_\_ Designated Pick Up Location \_\_\_\_\_

Special Directions \_\_\_\_\_

Teachers Name \_\_\_\_\_ Phone \_\_\_\_\_ Class Room \_\_\_\_\_

E-mail address \_\_\_\_\_

I understand that \_\_\_\_\_ is attending the SHOREFRONT YM-YWHA  
Name of a Student

After School Program. I have provided correct pick up information above.

I will work with the Shorefront YM-YWHA program to insure the safety on the above named child.